

TABLE OF CONTENTS

TABLE OF CONTENTS	i
GLOSSARY	iv
DIRECTORY ASSISTANCE	viii
INTRODUCTION	2
SCHEDULE OF REVIEW AND IMPLEMENTATION OF EXPOSURE CONTROL PLAN	3
AVAILABILITY OF THE EXPOSURE CONTROL PLAN	3
I. Exposure Determination	4
II. History and Current Practices for Universal Precautions	5
A. Methods of Compliance	5
1. General.....	5
2. Universal Precautions	5
3. Engineering and Work Practice Controls	6
Engineering Controls	6
Work Practice Controls.....	7
4. Personal Protective Equipment.....	11
Gloves	11
Face Protection	14
Body Protection	14
Other Barriers.....	15
Use of Personal Protective Equipment	15
Personal Protective Equipment Storage, Cleaning and Disposal.....	15
5. Housekeeping Procedures	16
Housekeeping Procedures for Equipment	16
Housekeeping Procedures for Sharps	18
Housekeeping Procedures for Waste Materials.....	18
Waste Sharps.....	18
Containers for Other Potentially Infectious Wastes	19
Housekeeping Procedures for Laundered Items	19
B. Special Practices for HIV and HBV Research Laboratories	20
1. Definitions of HIV/HBV Research Laboratories and Production Facilities	20
2. Special Practices and Requirements	20
3. Required Hazard Warning Sign.....	21
C. Hepatitis B Vaccination, Post-Exposure Evaluation and Follow-up.....	21
1. Hepatitis B Vaccination.....	21

	Hepatitis B Vaccine Program	21
	Exemptions to the Hepatitis B Vaccine Program.....	22
	Employees Who Decline Hepatitis B Vaccine.....	22
2.	Post-Exposure Evaluation and Follow-Up	23
	Availability of Evaluations and Their Results.....	23
	Obtaining Post-Exposure Evaluations	24
	Collection and Testing of Employees Blood Samples .	24
	Healthcare Professional’s Written Opinion.....	24
D.	Communication of Hazards to Employees.....	26
1.	Label Requirements	26
	Materials Exempt from Label Requirements.....	26
2.	Sign Requirements.....	27
3.	Information and Training	27
	Universal Precautions Training	27
	Additional Training for Employees in HIV/HBV Research Laboratories	29
E.	Recordkeeping.....	30
1.	Medical Recordkeeping.....	30
2.	Training Records	30
3.	Administrative Records	31
4.	Exposure Investigation Records	31
5.	Availability of Records.....	32
6.	Transfer of Records	32
F.	Schedule of Implementation.....	32
III.	Procedure for Evaluation of Circumstances of Exposure Incidents..	33
A.	Exposure Incident Reporting, Evaluation and Follow-Up.....	33
Appendix A.	Employee Bloodborne Pathogen Exposure Evaluation Form	
Appendix B.	Job Classifications of Employees Who Have Occupational Exposure	
Appendix C.	Universal Precautions Summary, Videotape Script, and Post-Training Examination	
Appendix D.	Hepatitis B Vaccination Program	
Appendix E.	Post-Exposure Incident Evaluation and Follow-Up Program	
Appendix F.	Sign Required For HBV/HIV Research and Production Facilities	
Appendix G.	Schematic of Administrative Tracking Mechanism to Ensure Compliance with OSHA Bloodborne Pathogens Standard	

- Appendix H. Schedule of Clinical Center Implementation of the OSHA Bloodborne Pathogens Standard
- Appendix I. OSHA Occupational Exposure to Bloodborne Pathogens; Final Rule (29 CFR Part 1910.1030)
- Appendix J. OSHA Instruction. Directives Number: CPL 2-2.44D. Subject: Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens. Effective Date: November 5, 1999.
- Appendix J. The Needlestick Safety and Prevention Act (HR 5178 and S 3067) [codifies the 11/05/99 OSHA Compliance Policy Directive]
- Appendix K. CC Standardization Committee ‘Product Updates’ (that reflect changes in CC technology that eliminate or reduce exposure to bloodborne pathogens)

GLOSSARY OF TERMS

The following is a summary of important terms which can be found in the OSHA Bloodborne Pathogens Standard and reference materials that are provided to employees as part of the Clinical Center's information and training programs.

Bloodborne Pathogen	Pathogenic microorganisms present in human blood, body fluids and other infectious materials (OPIM) and can cause disease in humans.
Clinical Laboratory	A workplace in which diagnostic or other screening procedures are performed on blood or OPIM.
Contaminated	Presence or reasonably anticipated presence of blood or OPIM on an item or surface
Contaminated Laundry	Laundry which either has been soiled with blood or OPIM or may contain sharps.
Contaminated Sharps	Any contaminated object that can penetrate skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
Decontamination	The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point they are no longer capable of transmitting infectious particles.
Engineering Controls	Controls that isolate or remove bloodborne pathogen hazards from the workplace (e.g. sharps disposal containers, plastic capillary tubes, safer medical devices [e.g. shielded needle devices, blunt needles, other sharps with engineered sharps injury protections and needleless systems])

Exposure Incident	Specific eye, mouth, mucous membrane, non-intact skin (includes skin with dermatitis, hangnails, cuts, abrasions, chafing, acne, etc.), or parenteral contact with blood or OPIM that results from the performance of an employee's duties.
Handwashing Facilities	A facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.
HBV	Hepatitis B virus.
HCV	Hepatitis C virus.
HIV	Human immunodeficiency virus
Infection	The invasion of the body by organisms that reproduce and cause disease.
Infectious Agent	An organism responsible for a disease.
Licensed Healthcare Professionals	Persons whose legally permitted scope of practices allows them to perform hepatitis B immunizations, post-exposure evaluations, and medical follow-ups.
MPW Box	Medical Pathological Waste box. The only approved container for regulated (contaminated) waste at NIH.
Needleless Systems	A device that does not use needles for: (A) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (B) the administration of medication of fluids; or (C) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure	Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood OPIM that may result from the performance of an employee's duties. 'Reasonably anticipated contact' includes the potential for contact as well as contact with blood or OPIM.
OSHA	Occupational Safety and Health Administration of the Department of Labor
Other Potentially Infectious Materials (OPIM)	These materials include the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, breast milk and saliva in dental procedures. Potentially infectious materials also include any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult to differentiate between body fluids. Other potentially infectious materials also include any unfixed tissue or organ (other than intact skin) from a human (living or dead); HIV-containing cell or tissue cultures, organ cultures, and HIV-, HCV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HCV, HBV.
Parenteral	The action of piercing mucous membranes or the skin barrier through such events as needlesticks, cuts, abrasions, and human bites that break the skin.

Personal Protective Equipment	Specialized clothing or equipment worn by an employee for protection against a hazard. Personal clothing or general work clothes (e.g. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
Production Facility	A facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.
Regulated Waste	Liquid or semi-liquid blood or other potentially infectious materials and contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed. Regulated waste also includes items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps, and pathological and microbiological wastes containing blood or OPIM.
Research Laboratory	Laboratory producing or using research laboratory-scale amounts of HIV or HBV.
Sharps with Engineered Sharps Injury Protections	A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
Source Individual	Any individual, living or dead, whose blood or other potentially infectious fluids may be a source of occupational exposure to an employee.
Sterilize	The use of physical or chemical procedures to destroy all microbial life.

Universal Precautions

An infection control strategy designed to reduce the risk of transmission of bloodborne pathogens as well as pathogens from moist body substances. All human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. Universal Precautions, which include engineering and work-practice controls, and the use of protective barrier equipment, is practiced with all patients.

Work-Practice Controls

Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

DIRECTORY ASSISTANCE
FOR CLINICAL CENTER BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN

Hospital Epidemiology Service
(HES)
10/ 10S-239
301-496-2209

To review the Clinical Center Exposure Control Plan. For questions regarding: the Exposure Control Plan, Universal Precautions, the hepatitis B vaccine, the type of personal protective apparel appropriate for certain job tasks, other infection control issues, or the Hospital Infections Committee.

Occupational Medical Service
(OMS)
10/ 6C-306
301-496-4411

For questions regarding the hepatitis B vaccine, the Retrovirus Exposure Surveillance Program, and routine voluntary testing for HIV. To have exposure incidents or other injuries treated and evaluated; to schedule appointments for hepatitis B vaccine administration or hepatitis B antibody titers; to schedule appointments for evaluating allergies to gloves or weeping dermatitis.

Clinical Center Safety Officer
10/ 1C-278
301-496-5281

To review the Biosafety Manual for the Clinical Center “Biosafety in Microbiological and Biomedical Laboratories,” (published by the CDC and NIH) pertaining to HIV/HBV research laboratories. To report any hazards or problems identified through employee complaints, routine inspections, or exposure incident investigations. For questions concerning the type of personal protective apparel appropriate for certain job tasks. To initiate an investigation when an employee elects not to use appropriate personal protective equipment.

Central Hospital Supply
10/ B1N-238
301-496-3391

To obtain personal protective equipment. To obtain biohazard labels for specimen containers or contaminated equipment. To obtain engineering controls (e.g. sharps disposal containers, containers for transport of contaminated reusable sharps, safety syringes, needleless intravenous apparatus).

Occupational Safety and Health
Branch, Division of Safety (OSHB)
13/ 3K-04
301-496-2346

To review the “NIH Exposure Control Plan for Non-Hospital Personnel” pertaining to HIV/ HBV research laboratories. To register all NIH employees and laboratories working with bloodborne pathogens and other biohazardous agents. To obtain approval of policies and procedures for entry of persons into HIV/ HBV research laboratories. To obtain signs for posting at HIV/ HBV research laboratories. To obtain required training for working in HIV/ HBV research laboratories.

Housekeeping and Fabric Care
Department
10/ B1N-313
301-496-2417

For assistance with regulated (medical pathological) waste handling or disposal. For assistance in cleaning up large blood or body fluid spills.

NIH Fire Department
12/103
Emergency calls: 911
Other calls: 301-496-2372

For assistance in containing spills in HIV/ HBV research laboratories involving material known to be contaminated with HIV or HBV.

CC Standardization Committee
Chair: Larry Eldridge
10/2C-146
301-496-7828
Nurse Consultant: Jerry Taylor
10/B1N-238
301-496-3391

Searches market for safer, cost-effective, user-friendly medical equipment. The Committee solicits input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation and selection of effective engineering and work-practice controls (e.g. nurses, physicians, technicians). The solicitation is documented in the Committee minutes. In addition, the Committee minutes reflect (1) changes in technology that eliminate or reduce exposure to bloodborne pathogens and (2) ongoing consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. Committee newsletter 'Product Update' communicates changes in CC technology and updates on introduction/utilization of safer medical equipment.